



FEE TRANSMITTAL For FY 2006		Complete if Known					
		Application Number	10/662,079				
		Filing Date	September 12, 2003				
		First Named Inventor	Yigal Levi				
		Examiner Name	D. L. Green				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3663				
TOTAL AMOUNT OF PAYMENT (\$) 1240.00		Attorney Docket No.	035643.00005				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
-20 or HP = _____ x _____ = _____							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
-3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically file sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets							
Extra Sheets							
Number of each additional 50 or fraction thereof							
Fee (\$)							
Fee Paid (\$)							
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (i.e., late filing surcharge): Extension fee (\$450) and RCE (\$790)							
\$1240.00							

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 24,926
Name (Print/Type)	Martin G. Linihan	Telephone 716-856-4000
		Date March 10, 2006

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on March 10, 2006

Martin G. Linihan
Name

Signature

March 10, 2006
Date of Signature